MVR-93 (Rev. 1/08)

North Carolina Department of Transportation DIVISION OF MOTOR VEHICLES

DRIVER & VEHICLE SERVICES

3145 Mail Service Center Raleigh, North Carolina 27699-3145

APPLICATION FOR: MOTOR VEHICLE LICENSE PLATE AGENCY

☐ Commission Contractor

☐ Manager ☐ Commission Contractor/Manager

1.	Office Location	on:						_ Date: _		
2.	Mr. Mrs.	☐ Ms. ☐	(LAST)	(FIRST)			(MIDDLE)		(MAIDEN I	NIANAE)
							(MIDDLE)		(MAIDEN	NAME)
٥.			& NUMBER OR RFD)				UNTY)	(STATE)		IP CODE)
	Telephone: H	lome (or where	you can be reached	d)			Business:			
4.	Date of Birth:	:	Sex:	:	Social S	ecurit	ty Number:			
5.	Are you a citi	izen of the Unit	ted States? Yes	No Dates o	of reside	nce i	n North Car	olina:		
6.	A. Have you B. Have you Yes	any health def ever been arres No ever been disc	following question fect or physical han sted, indicted, or co harged or asked to or active military du	dicap? Yes onvicted of a violat	No ion of a	ny la∙ Yes □	w (other tha	an minor tra	affic violatio	ons)?
7.	-	•	marriage to any peaship, and agency:		-				Yes 🔲 N	Го 🔲
8.	EDUCATION	JAL RECORD:								
		THE RECORD.								
Ci	ircle highest gra		1 2 3 4 5 6 7 8	9 10 11 12 GI	ED C	ollege	: 1 2 3 4	Graduate	School: 1	2 3 4
Ci	rcle highest gra	ade completed:	1 2 3 4 5 6 7 8 and Location	9 10 11 12 GI	Gra		: 1 2 3 4 S/Q Hrs.		School: 1	2 3 4 Type Deg.
	Schools	ade completed:		ı			1			1
Hiç	Schools gh School ollege	ade completed:		ı	Yes No Yes		1			1
Hiç Co Un	Schools gh School bllege iiversity	ade completed:		ı	Yes No Yes No		1			1
Hiç Co Un Gr	Schools gh School ollege	ade completed:		ı	Yes No Yes		1			1
Hiệ Cơ Un Gr Pro Ot	Schools gh School bilege niversity raduate or ofessional her educational	ade completed:		ı	Yes No Yes No Yes Yes		1			1
Hiệ Cơ Un Gr Pro Ot vo	Schools gh School bilege niversity raduate or ofessional	ade completed:		ı	Yes No Yes No Yes No Yes No		1			1
Hiç Cc Un Gr Pro Ot vo int 9. 10. 111.	Schools gh School ollege niversity raduate or ofessional her educational cational school ernship, etc. State typing a Have you had Do you plant	abilityd any experience to operate ager	and Location	Yes No title work? Yes	Yes No Yes No Yes No Yes No Yes No Yes Yes No	o 🔲	S/Q Hrs.	If "Yes," ex	cplain other	Type Deg.

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14. EMPLOYMENT RECORD:

Current or Last Employer				Address:				
Job Title:				Supervisor's Name:	No. Supervised by You:			
Date Employed (mo/yr) Starting Salary \$ per				Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes □ No □		
Date Sepa	rated (mo,	/yr)	Duties:	•	•	·		
Full Time	Years	Months						
Part Time	Years	Months						
If part tim	ne, number er week:	of hours						
Employer	,		•	Address:				
Job Title:				Supervisor's Name:		No. Supervised by You:		
Date Employed (mo/yr)			Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes \(\begin{array}{ccc} \text{No} \\ \end{array}\)		
Date Sepa	rated (mo,	/yr)	Duties:	•		•		
Full Time	Years	Months						
Part Time	Years	Months						
If part tim worked po	ne, number er week:	of hours						
Employer				Address:				
Employer Job Title:				Address: Supervisor's Name:		No. Supervised by You:		
		/yr)	Starting Salary \$ per		Reason for Leaving:	No. Supervised by You: May We contact Employer? Yes No No		
Job Title:	loyed (mo			Supervisor's Name: Ending Salary	Reason for Leaving:	May We contact Employer?		
Job Title:	loyed (mo		\$ per	Supervisor's Name: Ending Salary	Reason for Leaving:	May We contact Employer?		
Job Title: Date Emp	loyed (mo rated (mo, Years	/yr)	\$ per	Supervisor's Name: Ending Salary	Reason for Leaving:	May We contact Employer?		
Job Title: Date Emp Date Sepa Full Time	rated (mo, Years Years	/yr) Months Months	\$ per	Supervisor's Name: Ending Salary	Reason for Leaving:	May We contact Employer?		
Job Title: Date Emp Date Sepa Full Time Part Time If part tim	rated (mo, Years Years Years e, numberer week:	/yr) Months Months	\$ per	Supervisor's Name: Ending Salary	Reason for Leaving:	May We contact Employer?		
Job Title: Date Emp Date Sepa Full Time Part Time If part time worked pe	rated (mo, Years Years Years e, numberer week:	/yr) Months Months	\$ per	Supervisor's Name: Ending Salary \$ per	Reason for Leaving:	May We contact Employer?		
Job Title: Date Emp Date Sepa Full Time Part Time If part tim worked po	rated (mo, Years Years Years e, number er week:	Months Months of hours	\$ per	Supervisor's Name: Ending Salary \$ per Address:	Reason for Leaving: Reason for Leaving:	May We contact Employer? Yes No		
Job Title: Date Emp Date Sepa Full Time Part Time If part tim worked po Employer Job Title:	rated (mo, Years Years e, number er week:	/yr) Months Months of hours	\$ per Duties: Starting Salary	Supervisor's Name: Ending Salary \$ per Address: Supervisor's Name: Ending Salary		No. Supervised by You: May We contact Employer? No. Supervised by You:		
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Job Title: Date Emp Date Sepa Full Time Part Time If part tim worked pe Employer Job Title: Date Emp Date Sepa	Years Years Years It week:	/yr) Months Months of hours	\$ per Duties: Starting Salary \$ per	Supervisor's Name: Ending Salary \$ per Address: Supervisor's Name: Ending Salary		No. Supervised by You: May We contact Employer? No. Supervised by You:		

MVR-93 Page 3 15. FINANCIAL STATEMENT: ASSETS: _____ LIABILITIES: 16. CREDIT REFERENCES: (A) Name _____ Account No._____ (B) Name _____ Account No._____ (C) Name ______ Account No._____ 17. PERSONAL REFERENCES: Other than relatives, who can certify to your character, work experience and business capabilities. (A) Name Address __ (**B**) Name _ (C) Name _ **CERTIFICATION BY APPLICANT**

I hereby certify that all answers and statements in this application are true. I am aware that should any investiga-
tion disclose misrepresentation or falsification, I shall be disqualified for consideration for the position of Commission
Contractor and/or Manager.

Date Applicant's Signatu	e
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